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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003902 (2)**

1. Corporation Name

STUART CHAPTER OF PROFNET, INC.



Principal Place of Business 452 SE GALLEON ST PORT ST LUCIE FL 34853	Mailing Address 452 SE GALLEON ST PORT ST LUCIE FL 34903-2266
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 09/03/1996
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2. Principal Place of Business 21 452 SE Galleon Lane	2a. Mailing Address 26 452 SE Galleon Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, Fla.	City & State 28
Zip 24 34983	Country 25
Country 25	Zip 29
	Country 30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NADEAU-PHIL J NANCY ROEBKE 452 SE GALLEON ST PORT ST LUCIE FL 34853	
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10. Name and Address of New Registered Agent	
81 Name NANCY ROEBKE	
82 Street Address (P.O. Box Number is Not Acceptable) 452 SE GALLEON LANE	
83 Apt. St. Lucie	
84 City FL	85 Zip Code 34983

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Nancy Roebke* DATE **5/10/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME TOTH, KIM	
STREET ADDRESS 1030 SWARTIN DUNNS BLVD	
CITY-ST-ZIP PALM CITY FL 34990	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME LAWRENCE, HARRY	
STREET ADDRESS 851 N.E. JENSEN BEACH BLVD	
CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME VAN DIEN, CHARLES	
STREET ADDRESS 1501 DECKER AVE., #124	
CITY-ST-ZIP STUART FL 34994	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Donna Kelley	
1.3 STREET ADDRESS 1000 S. Federal Highway	
1.4 CITY-ST-ZIP STUART, FL 34994	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Charles W. Van Dien III	
2.3 STREET ADDRESS 1501 Decker Avenue, Unit 124	
2.4 CITY-ST-ZIP STUART, FL 34994	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Donna Zager	
3.3 STREET ADDRESS 10 SE CENTRAL PARKWAY	
3.4 CITY-ST-ZIP STUART, FL 34994	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)